BULLETIN

of the

Mahoning County Medical Society

"Allow time and moderate delay; haste manages all things badly."

—STATIUS, *Thebais*

September, 1935

Volume 5 Number 9

Milk in the Schools

AND ITS EFFECT ON THE CHILDREN

"Morning break for Milk!" 400,000 pens and pencils are laid down. 400,000 cheery faces burst into sunny smiles. Eyes light up. . and no wonder! "Milktime" is now a daily event in the schools throughout Scotland. Do the children enjoy this daily health ration? One look at their faces shows that! Is it benefiting them? A glance through official reports is entirely convincing.

Growing school-children need considerably more milk than they have been getting. MILK builds bone, brain, muscle; ensures sound teeth, healthy digestive systems, helps kiddies to resist infection. . gives them the health and energy that is their right. A leading Edinburgh school reports that prior to the pupils receiving MILK in school, the average increase in weight for the term was only 1 lb., but when MILK was supplied regularly, the increase was raised to 2 lbs. 4 ounces.

By inaugurating the 'MILK IN THE SCHOOLS' scheme the Milk Marketing Board is counteracting the deficiency in the amount of MILK consumed by school-children, and is taking a big stride towards building a race of healthy 'milk-minded' Scottish citizens.

We're all for more Milk!

INDIAN CREEK FARM Phone 2-2344

Florence L. Heberding

"Hurry, Jimmie, or you'll be late for school again. Mother forgot to set the alarm clock. Please don't dawdle like that. Here, take your bun and eat it on the way to school. Hurry, darling, teacher will have a fit! Please hurry!"

The milk is the best item in this child's hurried, harried, worried breakfast, but milk alone is inadequate. The simple replacement of the bun or roll by Pablum would, with added milk, give the child a better balanced and more nourishing meal on which to start the day right at school. Pablum can be prepared appetizingly in a few seconds, without cooking.

THE LAST-MINUTE BREAKFAST

"Going to school on an empty stomach"

—not because his parents are poor or illiterate, but because his mother didn't allow sufficient time for an adequate, nourishing morning meal.

This scene occurs every morning in thousands of homes, and many a school child is a poor scholar because of a poor breakfast.

For little boys and girls* whose mothers don't get up early enough in the morning, or who can't figure time accurately, a good, nourishing, well-constituted, economical and *quick* morning meal is:

Orange Juice or Tomato Juice	**qs**
Pablum ē milk or cream	**qs**
Sugar	**qs**
Capsule, Mead's Viosterol in Halibut Liver Oil	**I**
More Milk	**qs**

Such a breakfast supplies important amounts of all of the following essential nutritional requirements: **Protein√ Fat√ Carbohydrate√ Vitamins: A, B, C, D, E, G√√ Minerals: Calcium, Phosphorus, Iron, Copper, Etc., Etc., Etc.√√√ Calories√**

PABLUM can be prepared in less than a minute and does away with pots and pans and endless overnight and early-morning cereal cookery and drudgery. Simply add milk or water of any desired temperature and serve with cream and sugar. Mead Johnson & Co., Evansville, Ind., U.S.A.

[Pablum (Mead's Cereal thoroughly precooked by a patented process) consists of wheatmeal, oatmeal, cornmeal, wheat embryo, alfalfa leaf, beef bone, brewers' yeast, iron salt, and sodium chloride.]

*and, perhaps, also for their fathers who have to gulp a one-minute breakfast before going to work.

Please enclose professional card when requesting samples of Mead Johnson products to cooperate in preventing their reaching unauthorized persons

Breast Milk from the Normal Mother is the Ideal Food for the Human Infant

That is Why

S. M. A. Is Made to Resemble BREAST MILK

in percentages of carbohydrate, protein, fat and total salts (ash) content, and why even the chemical and physical constants of the fat in S. M. A. are like those of breast milk fat.

S.M.A. is a food for infants — derived from tuberculin tested cows' milk, the fat of which is replaced by animal and vegetable fats including biologically tested cod liver oil; with the addition of milk sugar and potassium chloride;

altogether forming an antirachitic food. When diluted according to directions, it is *essentially similar to human milk* in percentages of protein, fat, carbohydrates and ash, in chemical constants of the fat and in physical properties.

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THE MAHONING COUNTY MEDICAL SOCIETY BULLETIN

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PRESIDENT'S PAGE

THOSE who were not present at the special meeting in August missed a rare treat. The discussion of our economic problems was full and free and not entirely devoid of humor. I want to thank the large number of members who turned out for their interest and guidance.

In accordance with the expressed will of the Society, I have appointed Drs. W. K. Stewart, W. M. Skipp and Henri Schmid to present our views on the proper care of the indigent sick to the proper authorities. These men are the members oldest in service on the Medical-Economics Committee which has been responsible for this problem in the past. What they will be able to accomplish with the local authorities remains to be seen. They have behind them the not inconsiderable weight of the unified opinion of this Society as to the proper method of rendering medical care to the employable indigent, and we will await the outcome of their negotiations with intense interest.

With the change from direct relief to work relief, we will no doubt have a tremendous load to bear in caring for illness among this great class employed on a bare subsistence level. I am not optimistic enough to suppose that the expense of medical care for this group will be borne by any relief agency. And even when it ostensibly was, the burden was still largely upon us, so perhaps the change will not be so great after all.

Lacking any other plan, it seems to me the best thing to carry on as we have been doing and care for these people as private patients. This means hardship to many of us who are ourselves on a bare subsistence level, but it is infinitely better than socialized, politically controlled practice of medicine. We should go on in the belief that if we continue to do our work well, there will be some sort of reward in the end. We can at least keep the confidence and respect of our patients and maintain our own independence.

JAMES L. FISHER.

BULLETIN
of the
MAHONING COUNTY MEDICAL SOCIETY
SEPTEMBER 1935

ON OUR WAY!

THIS month we resume our regular scientific meetings. A glimpse at the "Bill-of-Fare" will convince you that there is to be no let-down in the quality of the material to be served up this autumn and winter.

In other words, while the members of The Mahoning County Medical Society are perforce more or less interested and involved in economic questions, relief, and cognate matters, their first consideration is self improvement. At no time have we, individually or collectively, subordinated our education and fellowship to any other subjects.

Like love, education, that is, increase in our store of knowledge and skill, may never be commanded nor coerced. It must be entreated, wooed. We know that. So, at personal sacrifice, we come bearing gifts—the gifts of earnest, sincere, willing, open minds, determined to apply ourselves to our chosen tasks, hoping to achieve the mastery that persuades rather than compels capitulation. To do less than this is to court lessened prestige and thus to invite every calamity which fright, more than reality, has caused us to envisage.

These sentiments in no way subtract from the importance of our close cohesion and coöperation. To combat many undeniably present subversive influences—influences which, if given reign, would destroy free medical practice, undermine ethics, discourage research and discovery, and lower the character of medical personnel—to combat these successfully, we must stand together. And in all these respects we shall stand together.

Unanimity of purpose and sentiment does not necessarily imply exact similarity of views as to method. But sportsmanship, as well as effectiveness in what we set out to do, requires that each of us shall go along wholeheartedly once the Society has acted upon any matter of policy. Sportsmanship also commands that we discuss and deal with affairs before us in good spirit, recognizing gallantly that each of us has a right to give expression to honest opinions.

The Mahoning County Medical Society is recognized all over the State as one of the livest and most loyal of all our County Societies.

We are for our State Organization, also for the American Medical Association—heart and soul. In all good things we stand ready to serve and to coöperate.

SECRETARY'S REPORT

The Council on July 31st, 1935, approved a resolution and a minimum fee schedule presented by the Medical-Economics Committee. The Council requested the President to call a special meeting of the Society to adopt this resolution and fee schedule. The President called the Society together for August 20th, 1935. The Secretary enclosed a copy of the Resolution plus a copy of the fee schedule, which Council ordered to be in the hands of each member at least one week before the meeting. The resolution as adopted by the Society was added to and corrected at the special meeting. The resolution as adopted by the Society follows:

The Resolution

1. Whereas, the physicians of Mahoning County have in the past accepted the burden of the medical care of the indigent, with little or no compensation, and

2. Whereas, during the existence of the FERA, the physicians of Mahoning County have attended the indigent at rates below actual cost, and

3. Whereas, the Medical-Economics Committee has been advised that on or about September 1st, the FERA will no longer be responsible for the care of the unemployable of this county, and

4. Whereas, the PWA employee will still have insufficient funds for severe illnesses, and

5. Whereas, the taxing districts are legally responsible for the medical care of the indigent, therefore,

BE IT RESOLVED:

1. That a minimum fee schedule be adopted by the Council and the Mahoning County Medical Society.

2. That the Society go on record as opposing all forms of private contract practice in the care of the indigent because it is not in accord with the accepted principle of free choice of physician, and because past experience has demonstrated absolutely that this method does not furnish adequate medical attention to the indigent sick.

3. That if it is the will of the Council and the majority of the Mahoning County Medical Society, it will then become unethical for a member of this Society to accept a contract or an agreement for group practice for the indigent. Such unethical practice will be considered just cause for expulsion from the Society.

4. That it is the sense of this Society that the duties of the city Department of Health shall include only preventive medicine, such as sanitation, quarantine, etc., and in addition thereto, the administration of indigent sickness relief in coöperation with the physicians of Mahoning County; and, further, that the duties of no city physician shall include the treatment of the indigent sick, the latter being the responsibility of the physicians of Mahoning County, to whom reasonable compensation shall be paid for such services; and that the committee of three provided for by these resolutions shall include this section in their negotiations.

5. That the Society, through a special committee of three, appointed by the President, present these demands to the County Commissioners and all subdivisions of Mahoning County.

The fee schedule will be printed and a copy mailed to each member, at a later date.

The functions of the Society have been carried on through these months of inactivity by a group of very efficient committees. Now the fall and winter meetings will swing in with vigor. We urge you to get back with the first meeting. Remember, our Program Committee has a number of good things in store for us, but it is discouraging to the speaker and much more discouraging to your Committee if there is only a handful of our members out.

INTERNES' HOME-COMING

Present and former internes of the Youngstown Hospital Association, together with the staff, enjoyed their Annual Home-Coming Day, at the Youngstown Country Club, Thursday, August 22nd. About 125 attended. They played golf in the afternoon, and in the evening gathered 'round the banquet table.

Dr. S. W. Goldcamp, the organization's President, presided, and introduced Dr. H. E. Patrick, who spoke as follows.

Dr. Patrick's Address

"It is my privilege to bring a word of greeting and welcome to the Interne group of 1935-36. We, the internes of former years, have come to feel that our service as internes in the Youngstown Hospital meant more than just the acquisition of medical knowledge and art, and there has been formed many strong bonds of friendship among us. It is these bonds of friendship that we now enlarge to encompass you. The Youngstown Hospital has a long history, and an honorable reputation. In its 35 years of service to Youngstown, many men have served in its wards and gone out into this and other widely scattered communities. To my knowledge, they extend from Massachusetts to Washington and from Michigan to the middle southlands. So that today, the number of our interne alumni is becoming legion.

"We men were, even as you, neophytes in the art and practice of medicine, when we came to the portals of the Youngstown Hospital. We had learned the theory of medicine at our respective *Alma Maters*. It was here we learned in no small measure the art of applying our theory. But we learned more than that; we learned from our elders the humanistics of medical practice; that there was more to medical practice than mere diagnosis and prescription; that there was the great human side of each patient to be considered, more so in sickness than in health. We learned, too, that in association with others of our profession we lost our petty jealousies and rivalries, and as a result, as a professional group, we progressed better and practiced better medicine. In other words, while we were taught theory by our *Alma Mater*, our interneship humanized us into physicians.

"Men of 1935-36, we welcome you into membership in the alumni interne group of the Youngstown Hospital Association. May this year of residence do for each of you as much as it has for many of us."

Dr. James Brown and Dr. Frank Simmerly recalled the untimely passing of Drs. Karl Allison, J. A. Thompson, and Frank Greer. A collection was taken to purchase two books, to be placed in the Hospital Library as memorials to the two physicians, Drs. Allison and Thompson.

Officers elected for the coming year were. Dr. Patrick, President; Dr. R. R. Morrall, Vice President; and Dr. John Noll, Secretary.

The greetings of the group were sent to Dr. J. A. Sherbondy, with their best wishes for a speedy recovery.

Golf results were: Dr. William Welsh, low gross, 82; Mr. Dave Enders, low net, 70; Drs. McConnell, Phipps, Wendell, and Boyd, won kicker's handicap; Dr. Kerr, best poker hand, five 8's; Dr. Fusselman made a score of 24 in 5 holes.

Dr. W. K. Allsop was Chairman of the Arrangements Committee.

The meeting closed with Pro. Albert Alcroft leading in singing, "A Wee Deoch-an-Doris."

"If you are intent on looking for good in mortals, their shortcomings will cause you less annoyance. He is rich in friends who loves them for their virtues, and in spite of their faults."

MEDICAL FACTS

By J. G. B.

On the basis of a murmur, mid-diastolic in time, with a thrill at the apex and a greatly enlarged heart, in a case recently reported from the Massachusetts General Hospital, Cabot made a diagnosis of mitral stenosis, which, however, was not found at autopsy. P. D. White called this rare condition "relative mitral stenosis" because of the enlarged left ventricle, and adds, "That explanation probably holds, in part at least, also for the Austin-Flint murmur in aortic regurgitation. The dilated left ventricular cavity is doubtless just as important a factor in the production of the Austin-Flint murmur as is the compression of the anterior cusp of the mitral valve by the stream of blood regurgitating through the aortic valve."

Over half of the hospital beds in this country are filled with cases of mental disease.

Contrary to the viewpoint of most biologists, many prominent men in the field of psychiatry, particularly a number in the psychoanalytic field, insist that acquired mental characteristics are transmitted to the offspring.

In 99 per cent. of cases Bence-Jones proteinuria means multiple myeloma. However, it is well to remember that it is known to occur in leukemia, metastatic malignancy (Minot), and hyperparathyroidism.

In discussing a case of a five and a half year old child in whom vomiting was the first symptom, which was followed by abdominal pain, Young of Boston remarks: "The fact that it came on several hours before any abdominal pain is the reverse order in which appendicitis usually appears. But, on the other hand, at five and a half appendicitis is often very atypical and, of course, must always be considered."

Two cases of massive collapse of the lung following childbirth are reported from the Boston Lying-in Hospital. Both patients recovered. The treatment consisted of rolling the patient from side to side every two hours during the period of subjective symptoms. This condition is likely to be confused with post partum pulmonary embolus or pneumonia.

According to White, "Quinidine can be used much more freely and safely than many physicians believe."

A case recently reported, whose temperature fluctuated between 98° and 103° F. (picket fence type), was diagnosed by Henry A. Christian as subacute bacterial endocarditis. But, in order to be certain he suggested ruling out undulant fever; the agglutination test was positive. The possibility of undulant fever was suspected because the onset of the symptoms was abrupt, and the first known temperature was high, while the fever in most cases of subacute bacterial endocarditis is insiduous in onset, and there is usually a prodrome of mild malaise of a few weeks' duration.

Abdominal pain coming on at night is one of the characteristics of syphilis of the stomach.

In speaking of the etiology of chronic nephritis, Epstein says, "I wish to call particular attention to a group of cases, of which I have seen many examples, and of which no mention appears in the literature. It concerns individuals with a seborrheic type of skin, who suffer from frequent or intractable acne of the face and body. They are particularly prone to recurrent attacks of acute nephritis which ultimately terminate in a rapidly progressive or malignant form of chronic nephritis."

IN OUR HOSPITAL LIBRARIES

The collected essays and addresses of Dr. William Osler total 730.

Of physicians Osler once said, "The true worker does not want textbooks; he looks to journal literature and monographs"; also, "The promotion and dissemination of medical knowledge throughout the State remains our important function." He further advised young men, particularly those who aspire to teaching positions, to travel away from their own well-equipped laboratories and hospitals, or to grant or accept "audience in our journal literature, which has done so much to make medicine cosmopolitan." —*Pittsburgh Medical Bulletin.*

Do you wish to follow up some subject not covered by the medical periodicals coming to your office? Have you run into references to articles not covered by your private journals in which you are interested?

Very likely it is in the library at the South Side Unit or at St. Elizabeth's! Any way, here is a list of journals to be found:

At South Side Unit

Endocrinology.
The American Journal of Surgery and Urology.
The American Journal of Physiology.
The American Journal of Clinical Pathology.
The Journal of Experimental Medicine.
The Journal of Laboratory and Clinical Medicine.
Lancet.
Archives of Internal Medicine.
The Journal of Infectious Diseases.
Archives of Neurology and Psychiatry.
The Journal of Biological Chemistry.
The American Journal of Syphilis and Neurology.
Surgery, Gynecology and Obstetrics.
The American Journal of Roentgenology.
The American Journal of Obs. & Gyn.
Annals of Internal Medicine.
Annals of Surgery.
Archives of Surgery.
The American Journal of the Medical Sciences.
Physiological Reviews.
Archives of Pathology.
American Journal of Digestive Diseases and Nutrition.

At St. Elizabeth's

Surgical Clinics of N. A.
Medical Clinics of N. A.
Surgery, Gynecology and Obstetrics.
Journal of Bone and Joint Surgery.
Archives of Surgery.
The American Journal of Roentgenology and Radium Therapy.
Radiology.

Gleanings

By W. M. S.

Dr. Paul Fuzy has been traveling around the middle west learning about the Rectum and Colon. He is now in Buffalo, New York. He goes next to the Polyclinic Hospital of New York City. He has spent time at Mayo's in Rochester, Minnesota, and with Dr. Haines of Louisville, Ky.

Dr. C. M. Reed is confined to the North Side Hospital. We hope that he is soon able to be back with us again.

Dr. John Noll has taken the "big step," and we know he is happy! We wish him the best of luck and also shall be glad when he comes back to be with us after his long absence in Boston, where he has been getting everything new in the practice.

Dr. Morris Deitchman leaves us for Philadelphia for a prolonged stay. He is expecting to study Gastroenterology.

Dr. R. M. Morrison took up golf very seriously at Cambridge Springs, the week ending August 25th.

Dr. W. B. Turner spent the time watching the golfers at Cambridge Springs.

Dr. Piercy on State Program

Dr. F. F. Piercy will present a paper before the Section on Eye, Ear, Nose and Throat, of the State Association, at the first session, Thursday, October 3rd, at 9:45 A. M. Dr. Piercy will discuss processes leading up to immunity, and the various substances used to assist the fight against the invaders, the most effective being blood transfusion.

OPINIONS OF OTHERS

By P. J. F.

Medicine Has No Depression Apologies, But . . .

In the June edition of *Hygeia*, Dr. Wingate M. Johnson's "The Challenge of Medicine" places our profession upon another pedestal and asks other professions to match its spirit and "the world to follow its lead." Under ordinary and normal economic conditions we feel certain that Dr. Johnson would have written an entirely different type of article for lay consumption. He regrets, as do we, that a challenge even backed by indisputable evidence, keen observation and clear thinking, cannot be made without some sort of comparisons. We quote:

"While our business leaders were endeavoring to save their own skins, even at the expense of those who had trusted them, doctors were calmly going on their way, ministering to suffering humanity, even if said suffering humanity had not a bauble for recompense. While bankers were refusing to lend a dollar to men of the highest character who could not give the most liquid collateral, and while manufacturers were discharging old and faithful employes and cutting the wages of others to the bone in order to continue dividends and bonuses as long as possible, doctors were carrying on their books families that had become unable to pay for their services; and to the credit of most of the profession they did this in such a way that the worthy families were not made to feel pauperized."

It is regretfully true, as Dr. Johnson states, that for four years following the great depression from 40 to 90 per cent. of the physician's work was done without pay. Think of it! And yet many of the public spirited citizens today do not know or do not care to admit that it is still the practice for most physicians to give their services gratis in caring for the indigent who are hospitalized at public or community relief expense in local hospitals. . . .

The changes in our social structure which have resulted since the beginning of the world's depression are making it increasingly difficult for physicians to give medical care to all at a price they can afford to pay. There are many who were previously employed, and who paid for their medical service, who are now without regular employment—through no fault of their own. These people are unable and will be unable to pay for medical care. But it still remains our problem to see that all people, regardless of their ability to pay, should receive necessary medical care. Medicine must never become commercialized. . . . .For the present let us remind the members of the Wayne County Medical Society again that the solution, to be effective, must come from within our own ranks.

Every member should be thoroughly acquainted with the fundamental economic principles which underlie local, state and national problems so that workable plans may be tried and proved (as for instance the Detroit Plan) before some form of social medicine is thrust upon us from without.

—C. K. H. in *Detroit Medical News*.

A Suggestion

Please read "New Regulations Concerning Injured Employees of Works Progress Administration," *Journal of the American Medical Association*, page 373-374, Aug. 3, 1935, IMPORTANT to YOU!

You will find: "Medical fees are to be paid at rates not in excess of the minimum charges prevailing in the community for similar services." This means only one thing: A MINIMUM FEE SCHEDULE must be in operation. We now have one!

MEDICINE + DENTISTRY = GOOD SERVICE*

By SIDNEY McCURDY, M. D., Youngstown, Ohio

(*From the Ohio State Dental Journal*)

Analysis indicates that the ideals of the Dental and Medical Professions are alike and conform to the following pattern: "We believe in toil, the toil of hand and brain, in the duty of all to bring forth the fruits of useful living, and in the right of each to the just rewards of his industry."

It is unique that it is possible to practice our calling as a profession or as an art alone, but if one practices his vocation as only an art, he does not rightfully belong to a profession. Webster defines a profession as follows: "That of which one professes knowledge; the occupation, if not commercial, agricultural, mechanical, or the like, to which one devotes himself. A calling which one has acquired through some special knowledge, used by way of either instructing, guiding, or advising others or serving them in some art." Art, says Webster, is: "Skill, dexterity, or power of performing, acquired by observation; a knack." The experience of these two professions are alike in this matter, for a surgeon can perform his work as an art, as can a dentist who can only see in the mouth something to be treated locally.

A little review of our history will demonstrate our very close relationship. We were recognized as entities at the time of Herodotus, 450 years before Christ. Previously, each had gone through the stages of mysticism, superstition, and sorcery, and each had fallen into the hands of special cults, priests, barbers and medicine men. Hippocrates, our father of medicine, aided dentistry, due to the fact that he had acquired some knowledge of this art, and being a teacher, disseminated it. Galen in 131 A. D. taught that teeth were a bony structure, which we now know is not true. Hunter in 1728 transplanted a tooth into a cock's comb and watched it grow. Before this, in 1678 the structure of dentine had been described. Fauchard, a French dentist, and called, "The Father of Dentistry," wrote a book on dental conditions in 1728 and said, "The most celebrated surgeons having abandoned this branch of surgery, or having but little cultivated it, their negligence gave rise to a class of persons, who without theoretical knowledge and experience practiced at hazard, having neither principles nor system. It is only since the year 1700 that the intelligent opened their eyes to those abuses, when it was provided that those who intended practicing dental surgery should submit to an examination by men learned in all branches of medicine, who should decide on their merits." This was the beginning of the dental license. Medicine was also obliged to separate its wheat from its chaff. Both of these professions employed a preceptor system far in advance of the arrival of medical and dental schools. In 1839 the first dental journal in America was published. In 1878 there were 12 dental schools having 700 students enrolled, while today there are many, usually affiliated with the medical departments of universities.

Thus did medicine and dentistry grope along through dark ages, helping each other as they peered out for a sight of light. Neither has halted its progress and both constantly continue their evolution. It is evident that J. E. Schaeffer, D. D. S., realizes too many dentists practice an art and not a profession, so we find him closing an article on this subject in these words: "Trained in the broad principles of medicine, acting as an adviser in preventive therapy, in addition to his experience in the care of the mouth, the dentist would have no need for profound philosophic theories requiring a long period of pre-dental education, but instead, would be a

well fitted servant of humanity in the preservation of health."

The modern up-to-date medical man knows, as never before, the need of dental consultation, if he is to render his best service. The keen dentist is alive to the fact that he must know more medicine, if he is to fulfill his function. One report shows that 83% of students examined, showed dental caries and one-half of these had to be diagnosed by x-ray films. In these same students 2.9% had concurrent heart trouble, rheumatism, and chorea with granuloma. Time forbids a discussion of dental caries or pyorrhea, but from my reading I hardly believe we know their complete etiology, whether it be bacterial, faulty blood supply, diet, acidity or combinations of some or all. Oral sepsis seems to be on a firmer ground, in the minds of physicians and dentists.

Tice, in his first volume, divides the predisposing causes of oral sepsis as follows:

1. Poorly developed teeth having fissures, cracks, etc.

2. Enlarged and infected tonsils and adenoids, nasal obstructions, oral deformities, dental irregularities and improper occlusion.

3. A neglect of mouth and teeth during primary dentition.

4. Poor oral care during primary dentition.

5. Constitutional diseases; scurvy (a vitamin insufficiency), rickets, (vitamins again), syphilis, tuberculosis, chronic kidney disease, gout, (faulty metabolism), anaemia and disorders of teeth due to pregnancy and lactation.

6. Chemical poisoning: mercury, lead, iodides, phosphorus, acids and mechanical cutting of the enamel due to gritty dentifrices.

7. Excess of carbohydrates.

8. Trauma and resulting infection.

9. Malignant disease (Carcinoma and Sarcoma).

10. Disfunction of the endocrine system.

The dissociation of medicine and dentistry, where etiology and treatment are concerned, is hardly to be accomplished if scientific conclusions are to be drawn. Perhaps the dentist will consult the medical man more frequently, but a free play for consultation on the same basis as physicians now must be maintained between the two professions. The dentist is as much a family dentist as the physician is a family physician, therefore, he must be accorded the same consideration as now prevails among doctors. It is true, that in the public mind, the dentist is interested mostly in the teeth but this condition has been caused by past education. Now the dentist is approaching his rightful place as a member of the medical profession, limiting himself to the specialty of dental surgery but needing to consider the entire body in his search for relief for oral pathology. The dentist needs the cooperation of the physician and the doctor needs much help from the dentist. No longer can they practice alone if they care to render the indispensable service required of them. The dental profession can and does assist materially in the amelioration of disease and death, and has a valuable contribution to make to the cause of preventive medicine.

It is the habit of the people to consult their dentist for a check-up and for treatment long before an incipient disease incapacitates them sufficiently to consult a physician. The dentist recognizes teeth are crumbling away and soon will be a total loss; very often due to a faulty diet or a constitutional disorder. Maybe the etiological background is one that he can treat, and if that is so he should care for the patient, but on the other hand he may desire the assistance of a physician. Dr. Schaeffer says, and I believe it to be true: "The next gen-

(*Continued on p.* 300)

This Month

DR. EVERETT D. PLASS

Professor of Obstetrics, University of Iowa

Subject

"Simplification of Obstetric Care"

Tuesday, September 17, 8:30 P. M.

YOUNGSTOWN CLUB

DR. EVERETT D. PLASS

The saying of the well-known pundit, Kipling, "For East is East, and West is West, and never the twain shall meet" is no longer true—if, indeed, it ever was! Anyway, this month we meet an Easterner who became a Westerner, and an Easterner and a Westerner he still is—the two-in-one.

DR. PLASS

Dr. Everett D. Plass graduated in Medicine at Johns Hopkins in 1911. He then joined Dr. J. Whitridge Williams' Staff, continuing there until 1922, excepting a 4-years of break in this service. That is, he spent one year, 1913-1914, at The Sloan Hospital for Women, in New York, and 3 years, 1917-1920, with the Army and the Red Cross overseas.

Perhaps reminded by his war experiences that the hinterland could hardly be worse than "no-man's land," he came to Detroit in 1922, where, in his service at Henry Ford Hospital, he developed their obstetric service.

Leaving Henry Ford Hospital in 1926, Dr. Plass went to The University of Iowa to become Professor of Obstetrics and Gynecology. There the trend of his "embryonic" years has been sustained. As a predictable result, today he is a distinguished leader in his medical field.

Dr. Plass' affiliations with medical organizations speak eloquently of the activity and interests of the man. He is Secretary of the Section on Obstetrics, Gynecology, and Abdominal Surgery of the American Medical Association. Also, he is active in the American Gynecological Society; in the American Association of Obstetricians, Gynecologists, and Abnominal Surgeons; in the Chicago Gynecological Society; in the Detroit Society of Obstetrics and Gynecology; and in the Central Association of Obstetricians and Gynecologists. Moreover, Dr. Plass is a member, and is much interested in the work of The American Society of Biological Chemists, and the Society of Experimental Biology and Medicine.

The national recognition of Dr. Plass' attainments is evident in that he has been a member of the National Board of Medical Examiners since 1930, and a member of the American Board of Obstetrics and Gynecology since its organization.

Dr. Plass writes: "I have the meeting of September 17th very much in mind and am anticipating a very pleasant time."

With such enthusiasm for us by such a leader, it would seem unnecessary to urge every general practitioner, every gynecologist and obstetrician, every surgeon, and everyone else who wishes to hear a master in his field, to be present on Tuesday evening, September 17, at the Youngstown Club.

October

AFTERNOON

SIXTH COUNSELOR'S DISTRICT ASSEMBLY

EVENING

DR. CHAS. GORDON HEYD

Professor of Surgery, Columbia University

November

DR. H. L. BACKUS

Professor of Medicine, University of Pennsylvania

December

ANNUAL MEETING

January

ANNUAL BANQUET

February

Not Ready

March

DR. ELLIOTT P. JOSLIN

Professor of Medicine, Harvard University

April

POSTGRADUATE DAY

Group from Columbia University

Picnic September 19th

The members of the Mahoning County Medical Society and guests will stage another picnic at the Youngstown Country Club, Thursday afternoon and evening, September 19th.

Those who paid greens fees and registered for golf at the July 25th event will not be required to pay greens fees this time. This is an expression of generosity towards us by the Country Club Executive Committee. Others who wish to play golf will pay the usual greens fees.

Dinner at 6:30 P. M.

Phone Dr. Bachman, 3-7739, for reservations.

PEPTIC ULCER

By J. PAUL HARVEY, M. D.

Since the first description of peptic ulcers by Cruviellier in 1829 much has been written and studied on the subject. Great strides have been made on diagnosis yet there may be no more confusing lesion in the upper abdomen.

The first mile-stone on gastric activity was passed when Baumont made his classic observations on the stomach of St. Martin in 1825. Although gastric lavage has been done since the time of the Bacchanalian feasts of Rome, Kussanaul in 1869 was the first to begin systematic studies of gastric disease. He popularized the stomach tube devised by Dr. Wyman, an American, in 1852. Again, Ewald in 1875 and Van Leube in 1871 further contributed by test meals and systematic studies. Later Einhorn, Pavlov, Virchow, and in the present day a host of workers have added to our knowledge of the stomach, giving fame to such names as Ivy, Bloomfield, Rehfuss, Castle, Keefer, Sippy, Smithies, and others in roentgenology and pathology.

The incidence varies markedly in different countries and in different localities of the same country. For examples, in Russia it is .8% ; in North America 1.3% ; in England 5% ; in Germany 5% ; and in Denmark 16.5%. It appears to be less prevalent among vegetarians than those who eat much meat. It is more prevalent than is recognized clinically and Thomas R. Brown says ulcers exist in .5% to 1% of all patients. Occupation and heredity do not seem to play a role.

As to the frequency of duodenal over gastric type, Moynihan reported 718 proved cases of which there were 3.2 duodenal to 1 gastric ulcer. Smithies reported 1721 cases of proved ulcer with 2.45 duodenal to 1 of gastric. The x-ray department at City Hospital shows duodenal ulcer predominates 3.4 to 1 in approximately 200 cases. Ulcers may be termed acute or chronic: the acute either simple or spreading, such as the ulcers of toxic or chemical erosions; the chronic type usually develops from the unhealed acute ulcer.

The round or peptic ulcer is much more clean cut than the ulcer which appears as transitory erosions or terminal lesions during the course of infectious fever, or other diseases.

About 2/3 of gastric ulcers are situated in that portion of the stomach where the mucous membrane is not devoted to the elaboration and secretion of hydrochloric acid and where the circulatory, muscular, and nervous activity seems to be greatest. Very few occur in the area chiefly devoted to receiving food and secreting acid and pepsinogen.

The usual site is the lesser curvature, less frequently on the anterior and posterior walls and cardia, and least frequently within an inch of the pylorus and on the greater curvature. Duodenal ulcer appears in the first portion in about 90% of cases.

Etiology

Factors in the etiology: Two conditions seem essential in their development; first, a lesion of the mucous membrane (abscess, necrosis, or hemorrhage); and second, digestion of the pathologic portion of the stomach wall. The importance of this latter fact is evidenced by the fact that ulcers develop only in portions of the mucous membrane bathed by acid gastric juice, lower esophagus, stomach, and first and sometimes second part of duodenum and ilium following gastro-enterostomy.

There is evidence that the following factors have an influence in the etiology: First, chemical factors. One never sees ulcer without acid and it can be produced where the alkali protection is shunted away as in gas-

tro-enterostomy. Second, mechanical. It may be produced where the bolus of food strikes constantly in one portion such as occurs at the opening of a gastro-enterostomy. Third, infectious theory of Rosenow. Fourth, a vascular origin is held by some that there may be emboli, thrombi, or spasms of vessels in the walls which may lower resistance locally and allow digestion of mucosa. Fifth, the role of the nervous system. Experimental surgery of the celiac axis or splanchnics supplying the stomach is known to produce ulcerative lesions analogous to ulcers in man.

Functional disturbance of the nerves may be causative factors by lack of balance between the vagus and sympathetic nerves; and functional irregularities of the trophic nerves of the stomach.

In hospital practice Smithies of Chicago reports most cases between 40 and 50. At Boston, Keefer reports most cases after 40. In most series women are affected more frequently with gastric ulcer between 20 and 30 than men; on the other hand men are more likely to be affected with duodenal ulcers between 30 and 50. Out of 48 cases reported in the past 2 years at Youngstown Hospital they were evenly distributed between the 2nd, 3rd, and 4th, decades in age. Of these 19 were gastric, 27 were duodenal, and 2 gastro-jejunal. Of these 7 were females and 41 males. Of the females 3 were gastric and 4 duodenal. Of the males 16 were gastric and 23 duodenal, the gastro-jejunal were both in males.

Habits: Alcohol was responsible in about 8% of Smithies cases, but no consistent faulty habits are noted in most series. Smoking was not a factor in causation of ulcer. Food handlers, such as cooks, are not affected more frequently as was formerly supposed.

Dietetic errors: No single dietetic factor seems to have particular significance. Overfeeding, careless mastication, and hasty swallowing do not appear constantly in these cases and can not be proved to be especially related to the etiology.

Previous Infectious History: Typhoid fever, pneumonia, infectious diseases, and lues are noted in the histories of a large percentage of ulcer patients soon after an acute infection of some type.

Pathology

Pathology: Ulcers are usually concentric round, oval or irregular and vary in size from pin point to a quarter of a dollar. Usually they are the size of a dime, and if as large as a quarter are considered malignant. About 10% are multiple.

They may be superficial, a simple erosion, or penetrate the mucous membrane, the muscularis, the musculature, and the peritoneum. As a rule, the limits of the ulcers are definitely defined and the lesion presents a punched-out appearance. There is always loss of substance, necrosis, small cell infiltration, hypermia, and formation of new connective tissue which produces scars, callouses and cicatrization. Occasionally this leads to marked deformity, such as hour glass stomach or multilocular stomach. The lymphatics are usually palpable at operation. About the ulcer there may be definite gastritis of the atrophic or hyperplastic glandular type which some pathologists believe becomes malignant in about 5% of cases.

Ulcers in stomach are usually along the lesser curvature and in the median line—the Magden Strosse or street of the stomach. It is rare to find ulcers in the pre-pyloric area. Such lesions are usually cancer. Two per cent. of these cases in the Boston City Series were ulcer.

Most active ulcers are nearer the pylorus than the cardiac area leading us to believe that cardia ulcers heal easier than others. All ulcers may show hemorrhage or perforation. Perforation of anterior wall usually leads to peritonitis; of the posterior wall to localized abscess.

In duodenum ulcers of posterior wall are more frequent than those of the anterior and are more likely to give rise to hemorrhage and abscesses.

Symptoms

Symptoms: These patients usually show a history of chronic gastric disturbance, periodicity, with remissions, often with complete absence of symptoms. In certain cases there are no signs until signs of perforation appear or severe hemorrhage takes place.

Usually there are seasonal spells of distress, spring and fall being favorites. These spells are accompanied by weight loss which is regained with the subsidence of the gastric distress. Weight loss is only a symptom of deficient food intake through desire of alleviating pain.

The chief clinical symptoms of ulcer are pain, sometimes vomiting and hematemesis. The important one is pain or abdominal discomfort, but the classic picture in gastric ulcer is not always observed.

In cases of gastric ulcer when the classic picture is observed, the pain after an interval continues until the next meal or until food is taken to give ease. The rhythm of gastric ulcer is food, comfort, pain, comfort; of duodenal ulcer, food, comfort, pain; a quadruple rhythm in the former disease, a triple in the latter. The pain is usually due to pylorospasm in the classic picture. Pain in cardia ulcers often occurs also immediately after injecting food as food passes across the ulcer.

Location: In nearly 4 of 5 instances pain is epigastric without a point of intensity. Many have maximum intensity at the right rib margin, sternal, or in the middle of the back, or general abdominal soreness. Referred pain may be noted in either scapular, sternal or nipple regions. Rivers made observations on pain in ulcer and states that "More than 90% of patients with shallow gastric ulcers complained of poorly localizable pain. Definite localization of pain the ulcer was large or subacutely inflamed. In 90% of cases in which the ulcer was perforating, the pain was accurately localizable to the left was possible in 50% of cases in which upper abdominal quadrant, usually near the costal margin. With invasion of the mesentery, mesocolon or abdominal wall, 93% of patients noted secondary shifts of pain into the thorax or back.

Obstructing duodenal ulcer usually produced diffuse epigastric distress, frequently with a loss of the sequence of symptoms assumed to be diagnostic of ulcer. In 64% of cases of nonperforating ulcer, the situation of the distress was poorly defined. Extensive or subacute ulcers frequently produced accurately localizable pain. In 90% of cases perforating duodenal ulcers produced pain which was localized with accuracy to the right upper abdominal quadrant. Seventy-seven per cent. of patients with perforating lesions experienced a shift of the pain to the region of the liver or into the back.

Pain caused by shallow ulcers in or about a gastroenteric stoma is usually poorly localizable. In 96% of cases patients who harbored perforating ulcers that were definitely jejunal in situation noted a downward or posterior projection of that pain.

Time of pain: usually within 4 hours after a meal. After light meals or alkalies it comes on sooner. An hour by hour history of a patient's life for several days will aid in the exact time and character of the discomfort. In such a history a constant relief of distress by food ingestion is of prime importance in diagnosis of uncomplicated ulcer. Many patients state that food distresses them, yet a detailed history will reveal that it occurs some time after food and that a state of mind exerts an anticipatory attitude on the patient. Pain comes on sooner in cases nearer the cardia, more distant, and most cases have a

maximum distress within two hours. Vomiting is a common symptom, depends a great deal on the food intake, and is more prone to follow a solid diet than a liquid. Ulcers nearer the pylorus than the cardia seem to incite vomiting more frequently. Pyloric spasm from gastric distress is an important factor here especially in the non-obstructive types. In the pyloric obstruction types where scar or some lesion near the pylorus distorts the lumen vomiting is very frequent.

Nausea is a frequent defense mechanism of the stomach induced by that organ when irritated. The pylorus constricts, the cardia relaxes and reverse peristalysis is set up which may end here and the stomach contents stagnate before emission. The injudicious use of alkalies stimulates acid and through changed body chemistry is an influence in producing nausea.

Bleeding is common but neither hematemesis nor melena should be considered pathognomonic. Smithies says that twice as many ulcers are diagnosed by signs and symptoms exclusive of gross bleeding. Hematemesis from ulcer may be copious and not serious or it may be copious and mean death before it can be controlled. A single hemorrhage is usually not serious despite the fact that the patient experiences faintness and symptoms of shock. Repeated hemorrhages are of serious importance and usually mean surgical intervention. Melena on the other hand is significant but may mean a variety of lesions in the upper intestinal tract. Melena if from ulcer alone means usually that the ulcer is toward the pylorus while vomited blood may occur with ulcer located in any position. Erosions into blood vessels are the usual sites of massive hemorrhages and are mostly on the posterior wall of the duodenum or perforating ulcers of the lesser curvature. It is accepted that repeated bleeding ulcers are the type which most often perforate. Massive hemorrhage comes from ulcer or carcinoma of stomach or duodenum in 90% of cases, according to Keefer.

Altered gastric secretion: To determine retention, if it is not obvious, or before x-ray examination, one can change the diet, administer a mixed meal containing 1 part boiled rice and 20 raw raisins and wash the stomach after 12 hours looking for remnants. Retention for 4 to 8 hours is not uncommon intermittently and may directly result from spasm associated with other abdominal disease. Food remnants after 12 hours usually means organic dysfunction or obstruction.

Acidity varies to the point in normals and in ulcer cases that not much credence is given to hyperacidity as a true sign of ulcer. In chronic ulcer of benign type with retention there is an increase both in free Hcl and total acidity. This is in sharp contrast to instances of retention in malignancy where free Hcl progressively is lowered while total acidity correspondingly increases. Persistent hyperacidity after a test meal or during fasting may be a valuable sign in the diagnosis of ulcer. Absence of this condition, however, does not preclude the possibility of ulcer. Concerning tests we mention the Ewald meal: 2 slices of bread, 2 glasses of water.

For secretion 50 cc. of 7% alcohol is a good stimulus. The contents are withdrawn in 15-30-45 min. The most practical is the injection of Histamine hydrochloride, 6 mg. (H. W. D. C.) subcutaneously. This is injected on an empty stomach after the fasting contents are removed. The practical values of stomach content testing are these: First, if there is anacidity there may be 5-10 cc. in 15 min. and if none in 45 min. the stomach can not secrete acid. Second, amount: 10-50-cc. of juice may appear after histamine normally, but with ulcer it may be anywhere from 40 to 110 cc. Third, presence of

blood. Fourth, organic acids—lactic acid in obstruction.

X-ray signs of ulcer: Here we have one of the most valuable diagnostic aids, yet it must not be depended upon to the exclusion of other data. Much of the x-ray data is inferential when we realize that less than 35% of ulcers are the complicated type, which are the ones most easily demonstrated on the film.

The fluoroscopic examination with the eye of the observer properly rested reveals differential, direct, and indirect signs. In the stomach it shows the type of organ; totic, transverse, or steerhorn . . . the chambers of the stomach. It reveals points of tenderness mobility, location, size of lesion, position of lesion, spasm, atony, foreign body, diverticula, type of rugae, retention, penetration of lesion, deformity, dilitation and extrinsic factors. In duodenum it shows . . . mitre cap, lumen entrance, localized tenderness, dilitation, location of pyloric muscle, spasm, position, diverticula, extrinsic adhesions, etc. The film registers many of these changes and lesions but catches only a portion of that which the eye and hand can determine on fluoroscopy. Some day motion films will undoubtedly bring to us a clearer story of gastro-intestinal lesions.

(To be continued)

Miss Campbell and Miss Howalt Leave

Miss Winifred Campbell, after many years of important service at the Youngstown Hospital, leaves Sept. 1st, for Saginaw, Michigan. Miss Campbell will be Superintendent of Nurses at the Saginaw General Hospital.

Miss Ida Belle Howalt, for the past four years with the Teaching Staff of the South Side Unit Training School, leaves soon to assume the Superintendency of Nurses at Dr. Holzer's Hospital, Gallipolis, Ohio.

Our best wishes go with these highly efficient nurses.

MEDICINE (From p. 292)

eration of dentists will receive from their colleges sufficient instruction in medical information that they will treat many disorders that they now do not care to tackle."

Teeth arise from the same embryonic structure as skin, the mesoderm, except the enamel which develops from the ectoderm. Dentine, which lies below the enamel has a layer of odontoblasts fulfilling the function of the osteoblasts of bone. The pulp lies within and furnishes a bed for the blood vessels. Development is completed by the deposits of mineral matter, calcium and phosphorous being the most essential. All nourishment for a tooth is brought by the blood and when it arrives in proper amounts and with the correct ingredients, one may expect the tooth to have a healthy chance. We know that teeth suffer when rickets prevail and we know that vitamin D is lacking or absent from the diet. Cod liver oil with calcium and phosphorus correct the bone lesion, and should impede further destruction of the teeth. Hyper-parathyroiditis may cause fragile bone due to a deficiency of calcium and phosphorus. I have no doubt, and a limited experience convinces me, that the teeth suffer also and further damage can be prevented by treating the parathyroids. Every cell has its own blood supply upon which depends its existence. Any constitutional interference with the blood supply, vascular or heart disease, or any change in body metabolism as caused by a disordered thyroid or pancreas or adrenal glands finds adverse reflection in the quality of teeth. Man, we know, is in constant warfare with micro-organisms, and when his resistance is good, his immunity is high and conversely when resistance is poor his protection is diminished. Tuberculosis, syphilis, diabetes, et cetera, may be the causative factor, behind the scenes, of an apical infection, which once acquired may produce an arthritis, general or local or perhaps a Paget's disease. The physician has to consider seriously the tooth as an etiological factor, and the dentist as he looks at the diseased tooth must not forget the constitution as a causative factor. I would hardly expect the dentist to treat a cancer but would desire him to diagnose it, for as Bloodgood says: "Our best approach to the cure of cancer is early diagnosis." The mortality from primary oral cancer is largely in the hands of the dentist. It is a problem, for in 1924 the buccal cavity accounts for 3.43% of cancer deaths; it is fifth in order of frequency and kills more people than skin cancers. 58.7 years is the mean average when it is acquired. Infective granuloma may precede a cancer of the alveolar mucosa and a common dental mistake is to treat an epithelioma of a gum as an alveolar demonstration of an osteomyelitis.

It will always pay to take a complete history, with especial attention to occupation. Thus, the possibility of the mineral poisons used in the working hours being a causative factor, is forcibly revealed.

Since the ideals of these two noble professions are much the same, a relief of suffering and the rendering of service, gaining therefrom a good living and a good position in society to which we are entitled, there should be no trouble in a complete coöperation among ourselves for our mutual advantage as well as that of the public. Our ethics must be similar and of the highest order, never approximating the ethics of business. Let us practice in the spirit what James Russell meant when he said: "Be noble and that nobleness which lies in other men, sleeping but never dead, shall arise in majesty to meet thine own." Our professions have met our ethical tests much better than the rank and file, and we have held aloft the torch of fair play during this depression that will guide back to former mov-

ings those who have lost their bearings and forgotten their relationship to others. We may well be proud when it is over, that, with diminishing returns, our service remained on as high and honorable a plane as ever. Our contribution to our fellow-man is relatively greater than that of other people, yet it is our opportunity to help those in distress and to thank our fortune that we do not have to be helped. I quite agree with Dr. Schaeffer that the dental college of the future must and will train its students to be keen diagnosticians in so far as their specialty demands, and these requirements will make dentistry a true profession as well as an art.

Medicine and dentistry have struggled together for improvement, and now find themselves better united than ever. Both demand a coöperative union of effort that their desires and ideals may be realized.

**Read before the Nixon Dental Study Club, December, 1933.*

Our Nurses

Miss Schuller, graduate of Youngstown Hospital class of 1933, is entering Cook County Hospital on September 20th for a special course in medical nursing.

Miss Dorothy Covington, who has been working at the North Side Hospital for several months, is taking a course in medical nursing at Cook County Hospital.

Miss Lillian Peebles, graduate of Youngstown Hospital class of 1931, was married September 7th to Mr. Raymond E. Fitzgerald.

Miss Mildred Williams, graduate of Youngstown Hospital class 1931, was married April 27th to Mr. Kester Jenkins.

Miss Josephine Rosko, Youngstown Hospital class of 1935, was married in July to Mr. Paul Kuharich. Mr. Kuharich is the manager of a store in McDonald, Ohio.

Miss Annabelle McMillen, Youngstown Hospital class of 1931, was

(*Continued on p. 307*)

MICHEL DE NOTREDAME

"Quack, or Father of This or That?"

By J. M. C.

"Man is a dupable animal. Quacks in medicine, quacks in religion, and quacks in politics, know this and act upon that knowledge. There is scarcely anyone who may not, like a trout, be taken by tickling."—*Robert Southey.*

In this statement, Mr. Southey infers that all quacks are rogues and that the believing world are their innocent victims. Is this always correct? Has it been so in the past?

The word quack is an abbreviation of *"quack salver."* To quack is to utter a harsh croaking sound, like a duck; hence to talk noisily or to make loud pretensions. A salver is one who undertakes to perform cures by the application of ointments or cerates. The term *"quack salver,"* therefore, was applied during the 17th century to persons who traveled from town to town extolling the curative virtues of their salves. In all time and in every clime witches, old women, and impostors have been in active competition with the physicians and no doubt brought relief if not cure to as many as the orthodox physicians of their day.

According to another authority the term *"quack"* is derived from an ancient Saxon word signifying small, slender, or trifling, hence was applied to small dealers (peddlers) in penny plasters, snuffs for headaches and infallible eye lotions. It was also said that *quack* is a corruption of *quake*—and that the quakes, marsh fever and ague were treated by quake doctors who professed to charm the disease away. These were later styled "quacks."

Whether or not a historic character is considered a quack or the Father

(*Turn the Page*)

of This or That, depends largely on to what degree his particular mode of investigation or therapy happens to agree with that considered Science by a later and judging generation. Whether or not the individual was sincere in his teaching is usually not known, but presumed to be wicked, venal and selfish.

It takes no wide stretch of the imagination to see in these quacks of the past the Fathers of psycho-therapy. They differed from the impostor of today in one marked particular: they usually followed one mode of healing or a logical progression, indicating a possibility of their own belief in the charm or method. Today the charlatan goes from one scheme to another without logic or reason indicating his insincerity of motive and obvious self aggrandizement.

One of these interesting personalities who comes down to us among the famous quacks of history supports the view that some of these men were conscientious, well-educated and cultured, but possibly ill-balanced.

Michel de Notredame (or Nostradamus) was a celebrated French physician and astrologer, born of Jewish parents, December 14, 1503. The grandfathers on both sides of the family were physicians, his father a notary of Saint Reme.

Michel studied medicine at Montpellier where he took his degree. He was soon earnestly laboring among the peasants of southern France where the plague was then taking its toll. It was through his zealous care of these humble folk that he acquired local distinction, but more especially by some remarkable cures attributed to a remedy of his own invention. After the pestilence had subsided, Notredame spent several years in travel and study, after which he settled at Salon, a little town in the Department of Bouche du Rhone. He was then 40 years old.

(*Continued on p.* 306)

MICHEL (From p. 304)

It was not long until there was another outbreak of the plague. Michel accepted an invitation from the authorities of Lyons and Aix to visit those places and help in the care of the sick and if possible to check the spread of the dreaded disease.

Here his success as a healer and his genius in astrology brought him both fame and notoriety. As might be expected from such a combination of science and magic in one brain, he became known as a reader of the future. This power he did not deny. Consequently he was to become the subject of a bitter controversy. Among his professional confréres some considered him a quack, others a man of unusual vision and foresight. Jealousy and skepticism are not infrequently the cause of a man of genius and education being forced from the fold, to work in loneliness. So Michel was now outside the ranks among his local brethren, although gaining adherents in great numbers from abroad. Among those who were impressed by his prognostic ability were Catherine De Medici (regent for her son Charles IX), and Henry II, King of France, at whose court he was received as a most distinguished guest.

In 1555 Michel de Notredame published his famous work entitled "Centuries," a collection of prophecies written in quatrain. This work is now a classic in French medical literature. It is not the work of a scientist but rather of a magician who after, four hundred years, remains not forgotten but probably misunderstood—a quack.

"The fault lies not so much in others, as in you for finding fault."

"Let him that is without fault cast the first stone."

There are three copies of bound Bulletins for 1933 at the Secretary's office, which may be had for $1.50.

NURSES (From p. 301.)

married August 19th to Mr. Howard Dunkle. Mr. Dunkle is a metallurgist and is connected with the Republic Steel Corporation.

Miss Josephine Bell has resigned her position as instructor in the Christs Hospital, Jersey City, and was married in August to Dr. Morton Groothius of Brooklyn, New York. Dr. Groothius is a general practitioner.

Miss Ruth Rudolph has been appointed to the position of theoretical instructor at the South Side Unit. Miss Rudolph is a graduate of Baylor University School of Nursing, San Antonio, Texas, and has studied at Baylor University, Phillips University and Georgetown University of Washington, D. C. She has studied nursing conditions in England and several European countries, and also did nursing work in the mission fields of India for 5 years.

Mrs. Kathryn Wherley has been appointed instructor at the North Side Unit of the Youngstown Hospital. Mrs. Wherley is a graduate of Fairview Park Hospital, Cleveland, Ohio, and has her A. B. degree from Heidelberg University.

Speakers' Bureau

During the month of August, the following doctors made addresses over WKBN:

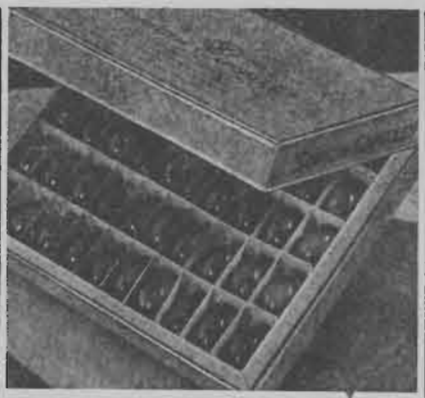
August 6th, Dr. M. E. Hayes, on "Choosing a Doctor."

August 13th, Dr. J. B. Birch, on "Whooping Cough."

August 20th, Dr. E. R. Thomas, on "Infantile Paralysis."

August 27th, Dr. P. M. Kaufman, on "Uses and Abuses of Cathartics."

Dr. John L. Scarnecchia addressed the Professional Club on August 7th, at the Y. M. C. A., on "The Functions of the Endocrine Gland."



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- Intestinal allergy
- Allergic diarrhea
- Urticaria—angioneurotic edema

Consequently, Soricin is of value in the treatment of many conditions such as headache, vertigo, anorexia, migraine, and urticaria when of intestinal origin. Likewise, cases of mucous colitis, ulcerative colitis and similar local affections have been greatly improved by the use of Soricin Capsules.

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Detoxifies in vivo
Desensitizes
Inhibits putrefaction
Prevents toxic absorption

Dose:—Begin with 30 to 40 grains daily. Reduce after 10-14 days to 20 grains daily. Adjust dosage according to indications of patient.

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